**Application Deadline: August 30th, 2019**

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| **Title of Proposal:** |  |
| **Proposal Category:** | *(medical product, non-medical product, patient education, or program/ initiative)* |
| **Department:** |  |

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| --- | --- | --- | --- | --- |
| **Contact Person** |  |  | | |
| Name: | |  | |
| Email Address: | |  |
| Phone Number: | |  | |

|  |  |
| --- | --- |
| **Total Funding Requested**: | $ |

(Including cost of equipment, taxes and shipping & handling, if applicable)

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| Provide a description of the product(s)/ initiative. |
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| Provide a description of the need for the product(s)/ initiative and how it will exceed patients’ expectations of care. |
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| How will the product(s)/ initiative impact patient outcomes? |
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| Provide support for why this product(s)/ initiative does not fit within your departments general operating budget? |
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| --- | --- |
| **Budget** | |
| **Cost:** |  |
|  |  |
| **Additional Costs:** |  |
| (Tax, shipping, maintenance) |  |
|  |  |
| **Total Cost:** |  |

***\*please attach a quote for the above purchase.***

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| --- | --- | --- |
| **Project Lead Signature** | | |
|  |  |  |
| **Signature** |  | **Date** |

**Submit this application by August 30th, 2019 to:**

RCH Foundation Office Attention: Alison Cowie OR [alison.cowie2@fraserhealth.ca](mailto:alison.cowie2@fraserhealth.ca)

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| **Approval** | | |
|  |  |  |
| RCHF AIM Committee |  | Date |
| 🞎 **Approved** | Amount: | $ |
| 🞎 **Declined** | Reason: |  |